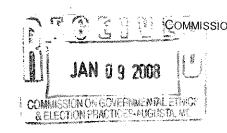


Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Member of:

☐ House

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

Senate

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

avid RHastings I

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION

955 Main St		District 13			
955 Main St City, zip code Fryebus, ME	04037	Phone (201)935-3175			
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER					
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.					
Name of Employer	Address	Principal Type of Economic Activity of Employer			
Hastingslaw Office P.A.	POSox 290	Law firm			
	Fryelans, HE 04037				
West Oxford Ayruntual	R+5	operates The bug Fair			
20000	Fyelous, ME04637	Frebugfair			
		and the state of t			
PART 2: INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)					
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.					
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)			
Name:	A STATE OF THE STA				
Address:	and the second of the second o				
Name:					
Address:					

PART 2 (continued). INCOME DERIVED (For Legislators who are self-	
B. List each source of income derived from self-employment that represent is greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional the entity or person from whom the income was derived.	person from whom you derived such income. If this form of ethics, specify only the principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS ((For Legislators who are attorne	
List your major areas of practice. If associated with a law firm, list the major	Service and the service and th
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name: Hastings Law Office, PA.	Real Estates Real Fital Municipal
Name: Hastings Law Office, PA- Address: Fyeburg, ME 04037	Busitess point + busines
Name:	
Address:	
PART 4. OTHER SOURCE	S OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of	
□ None (See 1990)	114
Name and Address of Source	dectional Sources) Kind of Income
	(investments, leases, etc.)
Name: New Hampshive Patriement System Address: Concord NH	pension (spous)
Address: Concord NH	
Name: Conway School District	pension (spouse)
Address: Conway NH (
PART 5. REPORTABLE L	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list loans from a relative.	you received during the reporting period, and list the major If none, check the box
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABL	E GIFTS
List the specific source of each gift of more than \$300. Include gifts with an none, check the box	·
None Name of Source of Gift	Name of Source of Gift
1.	Manny of Source of Gill
2. 4	Contract is section. The form the contract properties on the contract of the c

PÅRT 7. REPORT	ABLE HONORARIA			
List the source of any honoraria accepted for appearances or speed	ches related to your official duties. If none, check the box.			
X None				
Name of Source of Honoraria	Name of Source of Honoraria			
1.	3.			
2.	4.			
PART 8. REPRESENTATION	BEFORE STATE AGENCIES			
List each executive branch agency before which you represented the box.	or assisted others for compensation of any amount. If none, check			
None	e na se			
Name of Agency	Name of Agency			
1.	3.			
2.	4.			
PÄRT 9. BUSINESS W	ITH STATE AGENCIES			
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immediate family sold goods or services with a value in excess of			
None				
Name of Agency	Name of Agency			
in the second of	with the state of			
1,	3.			
2.	4.			
PART 10. INCOME RECEI¥ED BY	MEMBERS OF IMMEDIATE FAMILY			
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.				
Type of Economic Activity Representing Source of Income Rece	Circle ved appropriate Kind of Income letter			
1. New Hampshire Patirement System	The state of the second second and the second secon			
2. Conway School District	S D pension			
3. Bank of America	SD interest			
4. Etrude	3 D dividends			
SIGNZ	TURE			
A Legislator who willfully fails to file a required statement is su	ubject to a fine of \$10 per business day until the report is filed.			

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

(1 M.R.S.A. § 1019)

		ę
NAME:	DATE:	(Y).
ADDRESS:		
	ADDITIONAL INFORMATION	
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for are providing.	r the
Part/Section Number	additional other source of Income!	чого мешот порожу чес
	Sale of timber - Fychours, MF Bruk O America - Interest	<i>*</i>
	Bank & America - Interest Etrade - dividends	
	Hastingclaw Office P.Avent Fyeloug ME 04037	